

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Pigao Cadiz	Agnes		(808) 531-1628
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Suite 301			(808) 524-2760
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Nurses Association			(808) 531-1628
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Suite 301			(808) 524-2760
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Nurses Association	(808) 531-1628
MAILING ADDRESS (Street)	FAX
677 Ala Moana Blvd., Suite 301	(808) 524-2760
(City)	(State)
Honolulu	Hawaii
(Zip Code)	
96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Clifford H. Miyashiro, CPA - Candon Consulting Group, LLC	(808) 533-1270
MAILING ADDRESS (Street)	FAX
1001 Bishop Street, Pacific Tower, Suite 955	(808) 533-1528
(City)	(State)
Honolulu	Hawaii
(Zip Code)	
96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

☒ Education☒ Human ServicesScience, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

☒ Consumer Protection &  
Commerce

Hawaiian Affairs

☒ Labor & Employment

Transportation

Culture, Arts, Historic  
Preservation☒ HealthPlanning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

  
  
**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/29/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Luanne Long - President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Nurses Association

(808) 531-1628

MAILING ADDRESS (Street)

FAX

677 Ala Moana Blvd., Suite 301

(808) 524-2760

(City)

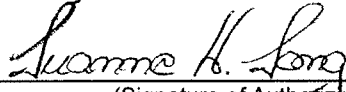
(State)

(Zip Code)

Honolulu,

Hawaii

96813

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

1/29/07

(Date)